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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Eric Rosen et al.

Serial No.: 09/665,743

Filed: September 20, 2000

For: Method and Apparatus for
Reducing Transmission
Overhead in a Communication
System

Examiner:.. Harper, Kevin C.

Group Art: 2666

Customer No.: 23696

AMENDMENT

Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action dated November 29, 2005, the time for responding having been extended until April 29, 2006, please amend the above-identified application as follows:

SUMMARY OF AMENDMENTS

1. Claims 8 and 46-54 have been amended. A complete list of pending claims follows.

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.9(a))

I hereby certify that this correspondence is, on the date shown below, being:

MAILING

☐ deposited with the United States Postal Service with sufficient postage as first class mail, in an envelope addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.
Depositor's Name: _____
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Date: _____

Signature: _____

FACSIMILE

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Depositor's Name: Sara R. Hart
(type or print name)

Date: April 11, 2006

Signature: _____

Sara R. Hart

AMENDMENT TRANSMITTAL FORM

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Mail Stop Amendment
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Customer No.: 23696
Attorney Docket No.: 990341
In Re Application of: Eric Rosen et al.
Serial Number: 09/665,743
Filed: September 20, 2000
Examiner: Harper, Kevin C.
Group Art Unit: 2666

APR 11 2006

Dear Sir:

Transmitted herewith for filing is a Response to Office Action in the above identified application.


CLAIMS	(a) Number Remaining After Amendment	(b) Highest Number Previously Paid For	(c) Extra Claims	Large Entry Fee	Fee Paid
Total*	10	35	0	x \$50 =	\$0
Independent**	9			x \$200 =	\$
Multiple Dependent Claim(s): <input type="checkbox"/> Yes <input type="checkbox"/> No				\$360	\$
EXTENSION FEES <input type="checkbox"/> One Month <input checked="" type="checkbox"/> Two Months <input type="checkbox"/> Three Months				\$120	\$
				\$450	\$450.00
				\$1020	\$
TERMINAL DISCLAIMER				\$130	\$
				TOTAL FEE	\$450.00

*If the number in column a is less than 20, enter 0 in column c.
**If the number in column a is less than 3, enter 0 in column c.

4. ☐ Fee check in the amount of \$_____ is enclosed to pay for any claim and/or extension fees.
5. ☒ Please charge Deposit Account No. 17-0026 of QUALCOMM Incorporated the amount of \$450.00.
The Commissioner is hereby authorized to charge payment of any additional fees that may be required, or credit any overpayment to said Deposit Account No. 17-0026. A duplicate of this sheet is enclosed for fee processing.
6. ☒ The Commissioner is further hereby authorized to charge to said Deposit Account No. 17-0026, pursuant to 37 CFR 1.25(b), any fee whatsoever which may become properly due or payable, as set forth in 37 CFR 1.16 to 37 CFR 1.18 inclusive, for the entire pendency of this application without specific additional authorization.

Date: April 11, 2006

Signature:


Dang Vo, Reg. No. 45,83
(858) 845-2116

QUALCOMM Incorporated
Attn: Patent Department
5775 Morehouse Drive
San Diego, California 92121-1714
Telephone: (858) 658-5787
Facsimile: (858) 658-2502

CERTIFICATE OF MAILING/TRANSMISSION (37 CFR 1.8(a))

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Date: _____

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Depositor's Name: Sara R. Hart

Signature: 

Date: April 11, 2006